

Docket No. 75990-B/JPW/BJA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Paul Simmons et al.Serial No. : 10/813,747 Examiner M. BelyavskyiFiled : March 29, 2004 Group Art Unit: 1644For : MESENCHYMAL PRECURSOR CELL

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: January 22, 2008

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	9 -	* 20 =	*** 0 X	\$25	\$50	=	0	
Independent Claims	1 -	** 4 =	*** 0 X	\$105	\$210	=	0	
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$185	\$370	=	0	
				TOTAL ADDITIONAL FEE			\$ 0.00	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

X One additional copy of this Amendment Transmittal Letter

 X Return Receipt Postcard

 X An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes ☒ No ☐

and a fee of \$ **180.00** included)

_____ A Petition for an Extension of Time, including a fee of
\$_____ for a Petition for _____ Month(s) Extension of Time

Other (identify): _____

THE TOTAL FEE DUE IS \$ **180.00**

X A check in the amount of \$ **180.00** is enclosed.

_____ Please charge Deposit Account No. _____ in the amount of
\$ _____.

 X The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

X Fees under 37 C.F.R. §1.16 for the presentation of extra claims

X	Patent application processing fees under 37 C.F.R. §1.17
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Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

John P. White
Reg. No. 28,678

Date

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